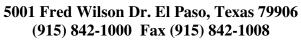


CITY OF EL PASO DEPARTMENT OF ENVIRONMENTAL SERVICES ANIMAL SERVICES





APPLICATION: ANIMAL LITTER PERMIT (7.24.050)

Owner Name:	Phone:		
Owner Address:			
City/State/Zip:			
Information on Animal having litter: Pet's Name			
Predominant Breed:		Age:	month
Color(s):			
Microchip#			
Registration #			
Litter Size:	Litter DOB:		
Please initial the following declarations: •I understand Title 7 of the permit within the City Of El Pas •I authorize the City of El reasonable hour and establishme •I am limited to one litter p	e El Paso City Code, go o. Paso and/or designee t ent requirements, restr	o inspect my pr ictions or limita	operty at any ations.
Applicant Signature:		Date:	